Statement of Organization
Recipient Committee

Statement Type ☑ Initial
☐ Amendment
☐ Termination – See Part 5

Not yet qualified ☑ or

List I.D. number: #1387892

Date qualified as committee
07/22/2016

List I.D. number:

Date of Termination
/
/

1. Committee Information

NAME OF COMMITTEE
Ed Bottorff for City Council 2016

STREET ADDRESS (NO P.O. BOX)
106 Sacramento Ave.
Capitola

MAILING ADDRESS (IF DIFFERENT)
PO Box 1361 Capitola, CA 95010

FAX / E-MAIL ADDRESS
ebottorff167@yahoo.com

COUNTY OF DOMICILE
Santa Cruz

JURISDICTION WHERE COMMITTEE IS ACTIVE
Capitola

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Troy S. Welch Jr.

STREET ADDRESS (NO P.O. BOX)
401 Escalona Drive

FAX / E-MAIL ADDRESS

AREA CODE/PHONE
(831)247-8111

NAME OF ASSISTANT TREASURER, IF ANY
Edward A. Bottorff

STREET ADDRESS (NO P.O. BOX)
106 Sacramento Ave.

FAX / E-MAIL ADDRESS

AREA CODE/PHONE
(831)247-811

NAME OF PRINCIPAL OFFICER(S)
Edward A. Bottorff

STREET ADDRESS (NO P.O. BOX)
106 Sacramento Ave.

FAX / E-MAIL ADDRESS

AREA CODE/PHONE
(831)247-811

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/12/2016
By Troy S. Welch Jr.

Executed on 08/12/2016
By Edward A. Bottorff
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**  
Ed Bottorff for City Council 2016

### 4. Type of Committee (Continued)

- **General Purpose Committee**: Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
  - □ CITY Committee  
  - □ COUNTY Committee  
  - □ STATE Committee

**PROVIDE BRIEF DESCRIPTION OF ACTIVITY**

### Sponsored Committee

List additional sponsors on an attachment.

- **NAME OF SPONSOR**
- **INDUSTRY GROUP OR AFFILIATION OF SPONSOR**

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

### Small Contributor Committee

- □ 

**Date qualified**

### 5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.